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**\*BIBDATASHEET\*****CONFIRMATION NO. 9026**

Bib Data Sheet

|                             |                                       |              |                        |                                  |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/086,585 | FILING DATE<br>02/28/2002<br><br>RULE | CLASS<br>607 | GROUP ART UNIT<br>3739 | ATTORNEY<br>DOCKET NO.<br>118001 |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/787,599 03/21/2001 PAT 6,602,276

which is a CIP of 09/516,319 03/01/2000

which is a CIP of 09/052,545 03/31/1998 PAT 6,231,595

and is a CIP of 09/215,038 12/16/1998 PAT 6,261,312

This application 10/086,585

claims benefit of 60/272,550 03/01/2001

and claims benefit of 60/273,095 03/02/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

**\*\* 04/05/2002**

|   |  |                             |                           |                                 |
|---|--|-----------------------------|---------------------------|---------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br><br>COUNTRY<br>CA          | SHEETS<br><br>DRAWING<br>12 | TOTAL<br><br>CLAIMS<br>54 | INDEPENDENT<br><br>CLAIMS<br>11 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after |  |                             |                           |                                 |
| Verified and<br>Acknowledged  | Examiner's Signature<br><i>Rollins</i> | Initials                    |                           |                                 |

**ADDRESS**

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**TITLE**

Method and device for performing cooling- or cryo-therapies for, e.g., angioplasty with reduced restenosis or pulmonary vein cell necrosis to inhibit atrial fibrillation employing tissue protection

|  |   |   |
|--|---|---|
| <b>FILING FEE</b><br><br><b>RECEIVED</b><br>1077 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
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